Effective October 1, 2003													6
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			47					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			식 う minus 20=		· 13			X\$ 9=		רטב	OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		*		Ì	X43=		43	OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+145=			OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	ł	TOTA	L		OR	TOTAL	
CLAIMS AS AMENDED - PART II									•	NTITY	OR	OTHER SMALL	
NTA	700	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	. 43	Minus	** (13	=		X\$ 9	=]		OR	X\$18=	·
MEN	Independent	· 4	Minus	***	¥	=		X43=	-		OR	X86=	
٩		NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		1	+145	_		OR	+290=	
	1- 21 -	38 -41			•			TOI			OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=	-		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┃	+145	=		OR	+290 <u>÷</u>	
•								TOT ADDIT. F	AL FF		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	##		= .		X\$ 9:	-		OR	X\$18=	
NE NE	Independent	*	Minus	***		=	. I	X43=	-		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽	+145			OR	+290=	
	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 									•	OR	TOTAL	
-	If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	aid For IN THI	S SPACE	is less tha	in 3. enter "3."		ADDIT. F and in the	_	ropriate bo	j.	ADDIT. FEE olumn 1.	
										eit Office 1	6 05	PARTMENT O	COMMERCE

Application or Docket Number